CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: September 13, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Inpatient Decompression & TLIF LOS 3 Days 63047, 22842, 22633, 22851, 20936

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
09/09/11: Visit Notes
09/28/11: Visit Notes
10/10/11: MRI Lumbar Spine interpreted
10/11/11: Visit Notes
11/08/11: History and Physical
12/13/11: Initial Evaluation
12/16/11: Daily Note
12/19/11: Daily Note
12/21/11: Daily Note
12/27/11: Daily Note
12/29/11: Daily Note
01/03/12: Daily Note
02/27/12: Addendum History
03/22/12: Procedure Note
03/26/12: Interim Report
04/04/12: Visit Notes

04/10/12: Progress Note
04/17/12: Discharge Summary
05/01/12: Evaluation
05/22/12: Letter
05/30/12: Visit Notes
06/11/12: Consultation EMG Report
06/28/12: Visit Notes
06/28/12: UR Performed
06/29/12: Letter of Appeal
07/19/12: UR Performed
07/31/12: Visit Notes
08/20/12: Letter from

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who was injured on xx/xx/xx when he was reaching out to catch a 300 pound roll to keep it from falling on someone. He has a prior history of a fall where he fractured T12 and L1. He also has a history of re-injuring his back when he rose up and hit the area of his old fracture.
On September 9, 2011, the claimant was evaluated who reported his pain to be rated an 8/10. On examination spasms were noted in the thoraco/lumbar area (worse on left side). There was tenderness to palpation to thoracic/lumbar area down into SI joint bilaterally. ROM was limited in all planes, worse with flexion. DTR's 2+ bilaterally. Sensory was normal. Straight leg raise positive on the right. Assessment: Thoracic/lumbar sprain/strain. Plan: Return to full duty, prescription for Skelaxin 800 mg and Naproxen 500 mg, and physical therapy for 8 sessions.

On September 28, 2011, the claimant was re-evaluated who reported he completed the 8 sessions of PT with no relief, his pain actually got worse and he continued to have numbness and tingling in his buttocks. A MRI of the lumbar spine was ordered.

On October 10, 2011, MRI of the Lumbar Spine, Impression: 1. Mild compression fractures of L1 and L2 likely chronic. 2. 4 mm disc bulge at L1/2. 3. 2 mm disc bulges at L2/3 and L3/4. 4. 3 mm disc bulge at L4/5. 5. L5/S1 degenerative disc disease including 5 mm disc bulge, endplate spurring, facet osteoarthritis and severe disc height loss, moderate-severe bilateral neural foraminal narrowing. Recommend correlation for any potential L5 radiculopathy.

On November 8, 2011, the claimant was evaluated for complaints of back pain with no referral into the legs. On physical examination sensation was intact to light touch in the extremities. Tenderness to palpation in the mid low lumbar spine. ROM was moderately limited in each direction. Straight leg raise test was negative bilaterally except for LBP, FABER positive on the right. Patellar tendon reflex was 2+, ankle reflex was 2+. Assessment: Degenerative Disc Disease, Lumbosacral with aggravation by work injury. Plan: X-rays 6 views L-spine complete, additional therapy. XXX opined he was not a surgical candidate at that time.

On December 13, 2011, the claimant had a physical therapy evaluation where 8 sessions of PT was recommended.

On February 27, 2012, the claimant was evaluated by XXX who reported he continued to have pain in his lumbosacral region radiating to both buttocks and down the posterior aspects of both legs. The back pain was rated 8/10. On physical examination range of motion was significantly diminished in flexion, fairly good in extension and side bending. He did have 4/5 strength deficit in the left EHL. Plan: Caudal epidural steroid injection.

On March 22, 2012, Procedure Note. Procedure: ESI, Caudal.

On April 4, 2012, the claimant was re-evaluated by XXX who reported the claimant did not receive any improvement from the ESI and actually developed HA's, which were getting better. The claimant was referred back.

On April 10, 2012, the claimant was re-evaluated by XXX who noted the claimant's back pain had increased to the point where he was no longer able to work. On examination he had paralumbar tenderness to palpation, ROM was moderately limited in each direction, straight leg raising test was negative bilaterally except for back pain, sensation was normal, patellar and tendon reflexes were 2+ bilaterally. Assessment: Lumbago. Plan: Consider L5, S1 decompression and posterior TLIF fusion.

On May 1, 2012, the claimant was evaluated for presurgical evaluation. DSM IV Diagnostic Impressions: Axis I: Chronic pain disorder associated with both psychological features and general medical condition. Axis II: No diagnosis. Axis III: 722.52, 724.4. Axis IV: Economic problems. Axis V: GAF 55 (current), Highest Past Year (66) Prior to Injury (77). XXX opined that there were no contraindications to proceeding with the lumbar fusion. The claimant reported minimal levels of depression and anxiety and verbalized an understanding of the risks and benefits of having the surgery.

On May 22, 2012, XXX wrote a letter stating the claimant continued to have severe low back pain with intermittent radicular symptoms for over 6 months. The he had physical therapy with little to any progress and had an epidural injection with was definitely not helpful. He also was given medications and was psychologically cleared for the fusion. XXX reported that studies showed L5/S1 was markedly collapsed and severe foraminal narrowing was present. XXX requested reconsideration for the surgery.

On May 30, 2012, the claimant was re-evaluated. On examination found that there was much guarding present with spasms upon ROM testing. Tenderness to palpation of the lower lumbar area down into SI joint bilaterally. ROM was limited in all planes, worse with extension. DTR's 2+ and symmetrical bilateral lower extremities. Sensory normal to pinwheel. Straight leg raise positive bilaterally. Plan was to continue with recommendation of surgery.

On June 11, 2012, EMG/NCV of the lower extremities performed Impression: Today's study is conclusive of an acute and chronic bilateral radiculopathy in the lower extremities with more acute findings noted in the right lower extremity in an L5 and S1 root pattern.

On June 28, 2012, XXX performed a UR. Rationale for Denial: The guidelines indicate that clinical evidence of radiculopathy should be documented and correlated with the diagnostic imaging; full documentation of conservative care failure should be provided; and evidence of instability or spondylolisthesis should be documented on examination and diagnostic imaging. No true clinical evidence of diagnostic evidence of instability or increased segmental motion has been documented. The physical examination findings provided most recently have documented no true evidence of radiculopathy including loss of reflex, muscular atrophy or significant weakness. Due to the lack of diagnostic evidence of significant nerve root impingement, physical examination findings consistent with radiculopathy and the lack of instability noted on the diagnostic testing provided for review at this time, the request cannot be certified at this time.

On May 30, 2012, the claimant was re-evaluated. On examination found that there was much guarding present with spasms upon ROM testing. Tenderness to palpation of the lower lumbar area down into SI joint bilaterally. ROM was limited in all planes, worse with extension. DTR's 2+ and symmetrical bilateral lower extremities. Sensory normal to pinwheel. Straight leg raise positive bilaterally. Plan was to continue with recommendation of surgery.

On May 30, 2012, the claimant was re-evaluated. on examination found that there was much guarding present with spasms upon ROM testing. Tenderness to palpation of the lower lumbar area down into SI joint bilaterally. ROM was limited in all planes, worse with flexion and twisting. DTR's 1+ and symmetrical bilateral lower extremities. Sensory decreased to L4 dermatome on the right and L5 dermatome to left lower extremity with pinwheel. Straight leg raise positive bilaterally at 30 degrees. FABER's and Gaenslen's positive bilaterally (worse on right). Calf measures 30.4 cm left and 30.5 cm right, decreased from 39 cm bilaterally as documented during a DD evaluation. Plan was to continue with recommendation of surgery.

On July 19, 2012, XXX performed a UR. Rationale for Denial: I spoke with XXX and discussed the case. She stated the patient has low back pain with radiculopathy. She also stated flexion-extension films have been done, but there was no instability. The documentation submitted for review indicates the patient has had unremitting low back pain that has been unresponsive to medication management, work restrictions, epidural steroid injection, and 8 sessions of physical therapy. The patient has positive diagnostic findings with evidence of radiculopathy on electrodiagnostic studies and a 5 mm disc bulge with endplate spurring, facet osteoarthritis, severe bilateral neural foraminal narrowing and severe disc height loss on MRI. The patient has received psychological clearance for the proposed surgical intervention. However, the patient does not meet

Official Disability Guidelines criteria for surgical intervention as there is no instability. A 3-day length of stay is within Official Disability Guidelines recommendations for total length of stay status post lumbar fusion procedure; however, as the surgery is non-certified, the length of stay is not warranted.

On July 31, 2012, the claimant was re-evaluated XXX who reported he has fallen several times while walking; sometimes he had almost fallen and caught himself with the counter. He continued to have increased weakness in the lower extremities. He had pain in his heels and his right great toe feels like there is a hole in his sock wrapped around his toe. He also still complained of radicular pain with numbness/tingling that radiates down to his toes bilateral that was getting worse. No change in physical exam since 7/19/12. Plan: The surgery was still recommended and they were seeking a second opinion per pre request. A second MRI was also being ordered due to worsening of symptoms.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
I agree with the previous denials. Based on the medical records sent for my review, there was no clinical evidence of radiculopathy. On physical examinations there was no documentation of reflex changes or weakness, and no sensory loss. There was also no evidence of instability shown on X-rays. Therefore, the request for Decompression and TLIF does not meet ODG criteria. The request for LOS 3 Days would meet ODG criteria for the proposed surgery, however, as the surgery is not found to medically necessary, than the LOS would not be warranted. The request for Inpatient Decompression & TLIF LOS 3 Days 63047, 22842, 22633, 22851, 20936 is not found to be medically necessary at this time.

PER ODG:

ODG Indications for Surgery™ -- Discectomy/laminectomy --
Required symptoms/findings; imaging studies; & conservative treatments below:
I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.
Findings require ONE of the following:

A. L3 nerve root compression, requiring ONE of the following:
   1. Severe unilateral quadriceps weakness/mild atrophy
   2. Mild-to-moderate unilateral quadriceps weakness
   3. Unilateral hip/thigh/knee pain

B. L4 nerve root compression, requiring ONE of the following:
   1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
   2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
   3. Unilateral hip/thigh/knee/medial pain

C. L5 nerve root compression, requiring ONE of the following:
   1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
   2. Mild-to-moderate foot/toe/dorsiflexor weakness
   3. Unilateral hip/lateral thigh/knee pain

D. S1 nerve root compression, requiring ONE of the following:
   1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
   2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
   3. Unilateral buttock/posterior thigh/calf pain

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)
II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:
A. Nerve root compression (L3, L4, L5, or S1)
B. Lateral disc rupture
C. Lateral recess stenosis
Diagnostic imaging modalities, requiring ONE of the following:
1. MR imaging
2. CT scanning
3. Myelography
4. CT myelography & X-Ray
III. Conservative Treatments, requiring ALL of the following:
A. Activity modification (not bed rest) after patient education (>= 2 months)
B. Drug therapy, requiring at least ONE of the following:
1. NSAID drug therapy
2. Other analgesic therapy
3. Muscle relaxants
4. Epidural Steroid Injection (ESI)
C. Support provider referral, requiring at least ONE of the following (in order of priority):
1. Physical therapy (teach home exercise/stretching)
2. Manual therapy (chiropractor or massage therapist)
3. Psychological screening that could affect surgical outcome
4. Back school (Fisher, 2004)
For average hospital LOS after criteria are met, see Hospital length of stay (LOS).

Patient Selection Criteria for Lumbar Spinal Fusion:
For chronic low back problems, fusion should not be considered within the first 6 months of symptoms, except for fracture, dislocation or progressive neurologic loss. Indications for spinal fusion may include: (1) Neural Arch Defect - Spondylolytic spondylolisthesis, congenital neural arch hypoplasia. (2) Segmental Instability (objectively demonstrable) - Excessive motion, as in degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy, with relative angular motion greater than 20 degrees. (Andersson, 2000) (Luers, 2007)] (3) Primary Mechanical Back Pain (i.e., pain aggravated by physical activity)/Functional Spinal Unit Failure/Instability, including one or two level segmental failure with progressive degenerative changes, loss of height, disc loading capability. In cases of workers' compensation, patient outcomes related to fusion may have other confounding variables that may affect overall success of the procedure, which should be considered. There is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. Spinal instability criteria includes lumbar inter-segmental movement of more than 4.5 mm. (Andersson, 2000) (4) Revision Surgery for failed previous operation(s) if significant functional gains are anticipated. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature. (5) Infection, Tumor, or Deformity of the lumbosacral spine that cause intractable pain, neurological deficit and/or functional disability. (6) After failure of two discectomies on the same disc, fusion may be an option at the time of the third discectomy, which should also meet the ODG criteria. (See ODG Indications for Surgery -- Discectomy.)
Pre-Operative Surgical Indications Recommended: Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see discography criteria) & MRI demonstrating disc pathology correlated with symptoms and exam findings; & (4) Spine pathology limited to two levels; & (5) Psychosocial screen with confounding issues addressed. (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. (Colorado, 2001) (BlueCross BlueShield, 2002)
For average hospital LOS after criteria are met, see Hospital length of stay (LOS).

ODG hospital length of stay (LOS) guidelines:

Discectomy (*icd 80.51 - Excision of intervertebral disc*)
Actual data -- median 1 day; mean 2.1 days (± 0.0); discharges 109,057; charges (mean) $26,219
Best practice target (no complications) -- *1 day*
Laminectomy (*icd 03.09 - Laminectomy/laminotomy for decompression of spinal nerve root*)
Actual data -- median 2 days; mean 3.5 days (±0.1); discharges 100,600; charges (mean) $34,978
Best practice target (no complications) -- *1 day*
Lumbar Fusion, posterior (*icd 81.08 - Lumbar and lumbosacral fusion, posterior technique*)
Actual data -- median 3 days; mean 3.9 days (±0.1); discharges 161,761; charges (mean) $86,900
Best practice target (no complications) -- *3 days*
Lumbar Fusion, anterior (*icd 81.06 - Lumbar and lumbosacral fusion, anterior technique*)
Actual data -- median 3 days; mean 4.2 days (±0.2); discharges 33,521; charges (mean) $110,156
Best practice target (no complications) -- *3 days*
Lumbar Fusion, lateral (*icd 81.07 - Lumbar fusion, lateral transverse process technique*)
Actual data -- median 3 days; mean 3.8 days (±0.2); discharges 15,125; charges (mean) $89,088
Best practice target (no complications) -- *3 days*
Thoracic Fusion, posterior (*81.05 - Dorsal and dorsolumbar fusion, posterior technique*)
Actual data -- median 6 days; mean 8.1 days (±0.2); discharges 20,239; charges (mean) $159,420
Best practice target (no complications) -- *5 days*

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**

- ☐ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

- ☐ **MILLIMAN CARE GUIDELINES**

- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**

- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**